

MEMORANDUM

DATE: April 2, 1993

TO: Division of Shellfish Sanitation Staff

FROM: Robert E. Croonenberghs, Ph.D., Director  
Division of Shellfish Sanitation

THROUGH: Eric H. Bartsch, P.E., Director  
Office of Water Programs

SUBJECT: Shellfish Plants - Procedure - Shellfish Wet Storage Application and Permit  
Issuance

**Delete Working Memo #222**

**PURPOSE**

To provide a uniform procedure for the completion of the wet storage permit application and issuance of permit.

IN ORDER FOR ANYONE TO WET STORE MOLLUSCAN SHELLFISH INTENDED FOR SALE, AN APPLICATION MUST BE PROPERLY COMPLETED AND SUBMITTED TO THE FIELD OFFICE. WET STORAGE APPLIES TO THE HOLDING OF SHELLFISH IN NATURAL BODIES OF WATER IN CONTAINERS OR ON FLOATS, AND THUS APPLIES NOT ONLY TO TYPICAL CERTIFIED SHELLFISH OPERATIONS, BUT ALSO APPLIES TO CAGE OR OFF/BOTTOM AQUACULTURE OF SHELLFISH INTENDED FOR SALE. WET STORAGE ALSO APPLIES TO SHELLFISH SUBMERGED IN ANY WATER IN ANY ONSHORE CONTAINER WHEN THE PRODUCT IS INTENDED FOR SALE (E.G. WET TABLES, SMALL AQUARIUM SIZE TANKS, ETC.). THE FIELD OFFICE IS RESPONSIBLE FOR REVIEWING THE APPLICATION AND ASSURING THAT THE INFORMATION IS ACCURATE AND COMPLETE. The information requested on the permit application is to be completed as follows:

**WET STORAGE PERMIT APPLICATION**

- 1.1 Name: The name of the plant owner or individual who is the owner of the shellfish to be wet stored.
- 1.2 Phone number: The phone number of the plant or individual.
- 1.3 Certified as: Name of company or firm as it appears on their DSS certification.
- 1.4 Certification Number: Indicate the certification number assigned by the Division.

- 1.5 Address: The address of the plant or individual.
- 1.6 Location of the proposed wet storage site: Give as specific a description as possible of the site. This description shall include the name of the waterway, the approximate distance from a fixed point(preferably a navigation marker) and the approximate distance from shore.
- 1.7 Name of creek: Name of creek as identified on navigational chart.
- 1.8 Plat number: The number assigned by the Marine Resources Commission to the area in which the animals are being stored.
- 1.9 Type of shellfish being wet stored: Identify the type(s) of shellfish to be stored at the location in question.
- 2.0 Maximum area needed for wet storage: Give the dimensions of the maximum area that the applicant anticipates utilizing in their wet storage operation.
- 2.1 Please attach a chart or topographic map showing the exact location of the proposed wet storage area: The applicant must include this map or chart with the application.

**FOR DEPARTMENT USE ONLY**

**This section of the application is to be completed by the central office**

- 2.2 Growing area: The number and DSS name of the growing area in which the wet storage is proposed.
- 2.3 Closest sampling station: The number of the sampling station which is closest to the proposed wet storage site. If the proposed site is equidistant between two sampling stations then include both sampling station numbers.
- 2.4 Current classification: The classification, as designated by the Division (e.g. approved, seasonally approved/ restricted), within the proposed wet storage site.
- 2.5 Plot on a chart the proposed wet storage area new and existing sampling stations: Provide a chart including this information and any additional comments that are felt to be important in the evaluation of the application.
- 2.6 Do new seawater sampling stations need to be established in this wet storage area?: Indicate whether or not it is necessary to establish new sampling stations in the area of the proposed wet storage site.
- 2.7 New station requested of Field Supervisor: The date the field office was notified to add the additional seawater sample station(s).

**WET STORAGE PERMIT**

- 2.8 THIS SPECIAL PERMIT is issued to: After this statement, type the full legal name of the applicant.
- 2.9 VA-: The number assigned by the Division to the wet storage operation in question. This number shall be assigned by the Senior Secretary in the Central office.
- 3.0 Address: The address of the applicant to include the rural or street address.
- 3.1 Description Of Location: The name and number of the growing area and the description of the location of the wet storage area shall be after this statement, including the plat number if applicable.
- 3.2 Date issued: After this statement, type the date upon which the permit is to become effective. Note that in areas where there is a seasonal restriction from April 1 through October 31, a wet storage permit shall only be issued for November 1 through March 31.
- 3.3 Date of expiration: After this statement, type the date upon which the permit is to expire.
- 3.4 Approved: The Director of the Division shall sign the permit after it is typed.

VIRGINIA DEPARTMENT OF HEALTH  
DIVISION OF SHELLFISH SANITATION

WET STORAGE PERMIT APPLICATION

OWNER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CERTIFIED AS: \_\_\_\_\_  
CERTIFICATION #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

LOCATION OF PROPOSED WET STORAGE AREA: \_\_\_\_\_  
NAME OF CREEK: \_\_\_\_\_ LEASE PLAT NUMBER: \_\_\_\_\_  
TYPE OF SHELLFISH TO BE WET STORED: \_\_\_\_\_  
MAXIMUM AREA NEEDED FOR WET STORAGE: \_\_\_\_\_

PLEASE ATTACH CHART OR TOPO MAP SHOWING THE EXACT LOCATION OF THE  
PROPOSED WET STORAGE AREA.

\_\_\_\_\_  
FIELD OFFICE DIRECTOR

-----FOR DEPARTMENT USE ONLY-----  
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GROWING AREA: \_\_\_\_\_ CLOSEST SAMPLING STATION: \_\_\_\_\_  
CURRENT CLASSIFICATION: \_\_\_\_\_  
PLOT ON CHART THE PROPOSED WET STORAGE AREA AND NEW AND EXISTING  
SAMPLING STATION LOCATIONS: \_\_\_\_\_

DO SEAWATER SAMPLES STATIONS NEED TO BE ESTABLISHED IN WET STORAGE  
AREA:

YES\_\_\_ NO\_\_\_

NEW STATION REQUESTED OF FIELD DIRECTOR

DATE

APPROVED FOR WET STORAGE \_\_\_\_\_  
CLASSIFICATION CHIEF

\_\_\_\_\_  
PROCESSING CHIEF

DIVISION OF SHELLFISH SANITATION

WET STORAGE PERMIT

THIS SPECIAL PERMIT is issued to

NAME \_\_\_\_\_ VA-

ADDRESS

THE WATERS AT THE LOCATION DESCRIBED BELOW MEET THE REQUIREMENTS OF THE VIRGINIA DEPARTMENT OF HEALTH AND THE NATIONAL SHELLFISH SANITATION PROGRAM.

THE HOLDER OF THIS PERMIT AGREES TO COMPLY WITH THE REQUIREMENTS OF THE VIRGINIA DEPARTMENT OF HEALTH AND THE NATIONAL SHELLFISH SANITATION PROGRAM.

ATTACHED IS THE CHART WHICH IDENTIFIES THE APPROVED WET STORAGE AREA. THIS CHART IS TO BE KEPT WITH THE PERMIT.

DESCRIPTION OF LOCATION:

GROWING AREA

DATE ISSUED

DATE OF EXPIRATION

Approved

Director, Division of Shellfish Sanitation